

**BOARD OF LANDSCAPE ARCHITECTS**  
**EMPLOYMENT VERIFICATION FORM**

Applicant Name			
Address	City	State	Zip
Work Phone (     )	Home Phone (     )		

This will certify to the best of my knowledge and as indicated in the records of this office, the above-named person worked under my supervision for the time indicated:

Month/Day/Year	Month/Day/Year	Years-Months
From /      /	/      /	Time
From /      /	/      /	Time
From /      /	/      /	Time

Total time was \_\_\_\_\_ hours. Of the total time, \_\_\_\_\_ hours were part-time work at \_\_\_\_\_ hours per week and \_\_\_\_\_ were full-time work. Type of work performed \_\_\_\_\_

While the above applicant was under my supervision, my professional status was as follows:

Name of Firm		
Address	City	State      Zip
Position in Firm		
Professional Licenses Currently Held		
State of Registration	Date of Registration	License No.

Signature \_\_\_\_\_ Date \_\_\_\_\_.

Print Name \_\_\_\_\_.

Please Upload this Form to your Online Profile